



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

NISAL CORP
P O BOX 24809
HOUSTON TX 77029

MFDR Tracking Number

M4-12-0070-01

Respondent Name

CHUBB INDEMNITY CO

Carrier's Austin Representative Box

Box Number 17

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "According to RULE §134.60 (p) 'Non-emergency health care requiring preauthorization includes:... (7) all psychological testing and psychotherapy, repeat interviews, and biofeedback, except when any service is part of a preauthorized or Division exempted return-to-work rehabilitation program.' Please be advised that this patient was in a pre-authorized or Division exempted return-to-work rehabilitation program, therefore preauthorization for the repeat interview was not required."

Amount in Dispute: \$710.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "In the matter, Requestor billed for psychological testing, per the CPT codes, yet did not obtain preauthorization. Requestor stated that the services were part of a preauthorized or Division exempted return-to-work program; however, Respondent is unaware of this 'program.' Respondent has not preauthorized any return-to-work program, and Requestor did not provide any evidence to 'prove' that the claimant was in preauthorized or Division exempted return-to-work program. Further, DWC Rule 134.600(p)(12) states that preauthorization is required for treatments and services that exceed or are not addressed by the Commissioner's adopted treatment guidelines. The ODGs states that psychological screening is recommended as an option prior to surgery or in cases with expectations of delayed recovery. To Respondent's knowledge, surgery has not been recommended, nor is there any documented expectation of delayed recovery. Thus, as the treatment provided by Requestor is not recommended by the ODGs for the Claimant's current status, the treatment is considered in excess of the ODGs, and would require preauthorization which Requestor did not obtain. In conclusion, Respondent appropriately denied each CPT code billed by the Requestor in accordance with the DWC Rules."

Response Submitted by: Downs-Stanford PC, 2001 Bryan Street, Suite 4000, Dallas, TX 75201

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 22, 2011	CPT Codes 90801, 90887, 90889, 96101	\$710.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.600 requires preauthorization for specific treatments and services.
3. 28 Texas Administrative Code §133.203, titled *Medical Fee Guideline for Professional Services*, effective March 1, 2008, sets the reimbursement guidelines for the disputed services.
4. 28 Texas Administrative Code §137.100, sets out guidelines for treatment in accordance with the current edition of the *Official Disability Guidelines – Treatment in Workers' Comp*.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated May 18, 2011

- 197 –Payment adjusted for absence of precert/preauth
- ODG –Services exceed ODG guidelines; preauth is required
- Per ODG: Recommended as an option prior to surgery. No surgery has been preauthorized. Notes from Dr. Grimes indicate patient was referred for input on treatment planning only.
- B15 –Procedure/Service is not paid separately
- RG3 –Included in another billed procedure

Issues

1. Did the treatment meet the criteria as set in the *Official Disability Guidelines – Treatment in Workers' Comp* in accordance with 28 Texas Administrative Code §137.100?
2. Did the requestor obtain preauthorization approval prior to providing the health care in dispute in accordance with 28 Texas Administrative Code §134.600?
3. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §137.100(a) states, "Health care providers shall provided treatment in accordance with the current edition of the Official Disability guidelines – Treatment in Workers' Comp, excluding the return to work pathways, (ODG), published by Work Loss Data Institute (Division treatment guidelines), unless the treatment(s) or service(s) require(s) preauthorization in accordance with §134.600 of this title (relating to Preauthorization, Concurrent Review and Voluntary Certification of Health Care) or §137.300 of this title (relating to Required Treatment Planning)." Per 28 Texas Administrative Code §137.100(f) states, "a health care provider that proposes treatments and services which exceed, or are not included in the treatment guidelines may be required to obtain preauthorization in accordance with §134.600 of this title or may be required to submit a treatment plan in accordance with §137.100." Review of the ODG treatment guidelines for diagnoses 847.0 – Neck Sprain/Strain found that psychological screening is recommended as an option prior to surgery. Review of the requestors submitted documentation finds no information to sufficiently support that the claimant was participating in a preauthorized or Division exempted return-to-work rehabilitation program, was a candidate for surgery or experiencing delayed recovery. Therefore, preauthorization approval was required prior to providing the health care in dispute in accordance with 28 Texas Administrative Code §134.600.
2. Per Texas Labor Code, Section §413.011(b) "the insurance carrier is not liable for those specified treatment and services unless preauthorization is sought by the claimant or health care provider and either obtained from the insurance carrier or order by the commission." 28 Texas Administrative Code, Section §134.600(c)(1)(B) states, "The carrier is liable for all reasonable and necessary medical costs relating to the health care required to treat a compensable injury...only when the following situations occur...preauthorization of any heath health care listed in subsection (p) of this section was approved prior to providing the health care."
3. Review of the submitted documentation finds that preauthorization was required but not obtained, therefore, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	February 17, 2012
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision* together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.****

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.